

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/628 314</u>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	/		/		/		31	
2		/		/		/	32	
3				/		/	33	
4			/	/	/	/	34	
5			/	/	/	/	35	
6			/	/	/	/	36	
7			/	/	/	/	37	
8			/	/	/	/	38	
9			/	/	/	/	39	
10			/	/	/	/	40	
11			/	/	/	/	41	
12			/	/	/	/	42	
13				/		/	43	
14				/		/	44	
15				/		/	45	
16				/		/	46	
17				/		/	47	
18				/		/	48	
19				/		/	49	
20				/		/	50	
21				/		/	51	
22				/		/	52	
23				/		/	53	
24				/		/	54	
25				/		/	55	
26				/		/	56	
27				/		/	57	
28				/		/	58	
29				/		/	59	
30				/		/	60	
31				/		/	61	
32				/		/	62	
33				/		/	63	
34				/		/	64	
35				/		/	65	
36				/		/	66	
37				/		/	67	
38				/		/	68	
39				/		/	69	
40				/		/	70	
41				/		/	71	
42				/		/	72	
43				/		/	73	
44				/		/	74	
45				/		/	75	
46				/		/	76	
47				/		/	77	
48				/		/	78	
49				/		/	79	
50				/		/	80	
				/		/	81	
				/		/	82	
				/		/	83	
				/		/	84	
				/		/	85	
				/		/	86	
				/		/	87	
				/		/	88	
				/		/	89	
				/		/	90	
				/		/	91	
				/		/	92	
				/		/	93	
				/		/	94	
				/		/	95	
				/		/	96	
				/		/	97	
				/		/	98	
				/		/	99	
				/		/	100	
TOTAL IND.	1		1		1		TOTAL IND.	
TOTAL DEP.		1		1		1	TOTAL DEP.	
TOTAL CLAIMS	1	1	1	1	1	1	TOTAL CLAIMS	